

UNIVERSITY OF WYOMING

STUDENT IMMUNIZATION FORM

Student Health Service • Dept. 3068 • 1000 E. University Ave. • Laramie, WY 82071
(307) 766-2130 • fax (307) 766-2711 • TTY (307) 766-2132 • e-mail: studenthealth@uwyo.edu

In order to register for classes, the first section (REQUIRED IMMUNIZATION- MMR) of this Student Immunization Form **must** be completed, signed and returned (mail, fax or email) to the University of Wyoming Student Health Service. Alternatively, you can mail, fax or email a **verified (signed and dated by a medical provider or a school official if using a transcript)** copy of an immunization record to the Student Health Service. All information is confidential and will become part of your medical record. Contact the Student Health Service if you have questions regarding completion of this form.

If your MMR immunization information is incomplete, your registration process will be delayed.

Name _____
Last First Middle
Phone Number _____ Date of Birth _____ W# _____

Permanent Address _____
Street address/P.O.Box City, State, Zip code, Country (if not USA)

REQUIRED IMMUNIZATION – MMR

The University of Wyoming requires each incoming student born on or after 1/1/57 to be protected against measles, mumps, and rubella. Compliance with this requirement is in one of three ways, as follows (check appropriate line)

- ____ 1. Born **PRIOR** to January 1, 1957
- ____ 2. Receipt of 2 MMR vaccinations **REQUIRES SIGNATURE OF MEDICAL PROVIDER** (at bottom of this page)

MMR #1 _____ (date) Must be at 12-15 months of age or later

MMR #2 _____ (date) Usually at age 4-6 years old or older, and at least one month after 1st dose

- ____ 3. Blood tests of immunity to measles, mumps, and rubella (attach copy of test results)

Exemption to the required immunization may be granted for medical or religious reasons. If an outbreak of any of these three illnesses occurs on the UW campus, students with exemptions will be excluded from campus for the duration of the outbreak. For the forms for an exemption, please see the Student Health Service website (<http://www.uwyo.edu/shser/mmr-requirement.html>).

RECOMMENDED IMMUNIZATIONS

The following immunizations are recommended to lessen the risk of certain contagious diseases. All (except the Varicella vaccine) are available at the Student Health Service for a nominal charge.

- ____ TETANUS-DIPHTHERIA (primary series plus booster)
Primary series with DTaP or DTP _____ #1 _____ #2 _____ #3 _____ #4 _____ #5 (dates)
Tetanus-diphtheria booster (circle Td or Tdap) within past 10 years _____ booster #1 _____ booster #2 (dates)
- ____ VARICELLA (chicken pox; history of illness, positive blood test for immunity, or two doses of vaccine)
____ History of disease (chickenpox) (date)
____ Blood test showing immunity (date; attach copy of results)
____ dose #1 _____ dose#2 (dates)
- ____ HEPATITIS B (3 shot series, or positive blood test for disease)
____ dose#1 _____ dose#2 _____ dose#3 (dates)
____ Blood test showing immunity (Hep B SAb; date; attach copy of results)
- ____ POLIO (primary series in childhood)
OPV 4 doses _____ dose#1 _____ dose#2 _____ dose#3 _____ dose#4 (dates)
IPV four doses _____ dose#1 _____ dose#2 _____ dose#3 _____ dose#4 (dates)
- ____ MENINGOCOCCAL CONJUGATE VACCINE (two doses, one at age 11-12 and booster dose at age 16)
____ dose#1 _____ booster dose (dates)
- ____ HUMAN PAPILLOMA VIRUS (three doses of the vaccine)
____ Gardasil _____ Cervarix
____ dose#1 _____ dose#2 _____ dose#3 (dates)

Signature of a medical provider _____

Date _____